

 $B\ O\ B\ B\ Y\ J\ I\ N\ D\ A\ L\ ,\ G\ o\ v\ e\ r\ n\ o\ r$ 

MARY L. LIVERS, Ph.D., MSW, Deputy Secretary

## **Checklist for Furlough Requests**

A checked box indicates "Yes, this has been completed or done".

 Facility Director's Signature	Date	
If the youth was over ridden from a "High" custody level to a "Moderate" custody level, a copy of the reclassification custody scale indicating the Facility Director's Approval must be forwarded to the Deputy Secretary of designee.		
The completed referral packet is being submitted to Centra days prior to the planned beginning date of the furlough.		
The last two (2) progress reports are attached to the referrable submitted to Central Office.	attached to the referral packet which is to	
Attachment C.4.1 (b) "Custody Information Form" that has CBS staff is attached to the referral packet submitted to Centre		
home study that has been completed by CBS staff is attached to the referral acket submitted to Central Office.		
The youth's family has participated in three (3) or more family session occurred within the last 30 days.	y sessions. The last	
Youth will be required to wear an EMP device.	ar an EMP device.	
The time the furlough begins AND ends is entered on C.4.1 (a	e the furlough begins AND ends is entered on C.4.1 (a).	
ompleted C.4.1 (a) "Furlough Referral and Application Form" at the staffing to etermine if the youth is eligible for a furlough. Answered every question.		
Reviewed to ensure that correct forms are used. (These forms the policy database. See YS Policy No. C.4.1. All forms end of the policy.)		